

## MONTANA BOARD OF REAL ESTATE APPRAISERS

301 South Park, 4<sup>th</sup> Floor  
PO BOX 200513  
Helena Montana 59620-0513  
Phone: (406) 444-2961, Fax: (406) 841-2323  
Email: [dlibsdua@mt.gov](mailto:dlibsdua@mt.gov)  
[www.realestateappraiser.mt.gov](http://www.realestateappraiser.mt.gov)

### APPLICATION FOR LICENSURE AS A REAL ESTATE APPRAISER MENTOR

#### NO FEE REQUIRED

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)
2. Current level of registration: \_\_\_\_\_
3. Date of Registration: \_\_\_\_\_
4. Registration number \_\_\_\_\_
5. Have you ever had disciplinary action taken against you by this board or another (appraisal) regulatory body? \_\_\_\_\_  
Yes No
6. Trainee Applicant: \_\_\_\_\_

You must attach three (3) copies of two (2) different appraisal reports. One of these reports must be an appraisal you are registered to perform completed within the last twelve (12) months from the date of this application.

By signing this application I am agreeing to the rules adopted by the board with regard to my performing mentoring duties for a real estate appraiser trainee, including, but not limited to:

-provide on-going supervision of all licensed trainees under by mentoring

-provide direct supervision of all appraisal work performed by all trainees under my mentoring in accordance with USPSP standards

-inspect the first one hundred (100) properties of each trainee under my mentoring.

Mentor Signature: \_\_\_\_\_

### AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of REAL ESTATE APPRAISERS.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application. I pledge to comply and abide by the *Uniform Standards of Professional Appraisal Practice*. I affirm that I understand the types of misconduct for which disciplinary action may be initiated against me.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to me by this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

At \_\_\_\_\_  
City and State

\_\_\_\_\_  
Notary Public

**SEAL**

\_\_\_\_\_  
For the State of

My commission expires \_\_\_\_\_